Jefferson Healthcare Stroke/TIA Continuum of Care RPI

January 2008

Stroke/TIA Continuum of Care Focused Workshop Team Charter

Target 5S Area: Evidence-based care for Stroke/TIA
Area Owner: ED Medical Director/Clinical Director

Sponsor: Vic Dirksen
Coach: Terri Camp **Fellow: Matt Ready**

Specific Targeted Areas:: Continuum of Care (EMS through definitive, evidence-based treatment) for patients in Jefferson County who develop symptoms of Stroke or TIA (CPT codes 433-435)

Sub-processes included:

•Community education and awareness (to improve access to the system)

•**Transport (EMS)**

•**Diagnostic Services**

•**Initial evaluation and treatment (ED)**

•**Coordination of care with tertiary center**

•**Primary acute care**

•Rehabilitation

•Return to the community

Current Situation (*baseline data)*

We are not consistently meeting the minimum requirements for evidence-based practice for the care of Stroke/TIA patients.

See Get With the Guidelines (GWTG) data for 2007

RPI Targets:

To meet the current evidence for the care of stroke/TIA by partnering with a tertiary care center, and by meeting guidelines promulgated by the American Stroke Association

Complete evaluation and decide treatment for at risk stroke/tia patients within 60 minutes.

Standard Work for identifying at risk patients

Standard work for using NIHSS for at risk patients

SW for Diagnostic modalities (EKG, Lab, Brain Imaging)

Standard work for considering and administering tPA

Establish a Daily Visual Management system in support of the above goals.

Team Members:

Ed Medical Director (G Muens)

ED Director (J Decianne)

ACU/ICU RNs (S Cook & L Henley, L Lasater)

ED RNs (P St. Clair & K Trapp)

EMS Medical Director (S Smith-Poling)

Paramedic (Sam Neville)

EMS Training Coord (C Rodrigues)

Hospitalist/PCP (G Forbes)

Lab/Radiology/RT (T Adams, Roger Gipson)

IT/Telehealth (R Harrison)

Pharmacy (Suzanne Selisch)

Swedish Med. Center representatives (B Likosky & T Cress)

Education Director (Amber Hudson)

Management Guidance Team :

Chief of Staff-Todd Carlson

CNO- Helen Morrison

COO- Paula Dowdle

OP Process Coordinator (on the team)

AC/ICU/FBC Director-Laura Showers

Pharmacy Director-Kathleen Brakebush

CEO (Vic Dirksen)

Resource Representatives:

IT/Telehealth

Ultrasound (F Kelly/K Forbes)

Radiology Medical Director (F Lamas)

Rehab (Robert Martin)

Stakeholders:

Board of Commissioners

Department of Health

NEP

Patients

Caregivers

Administrative Support

Pam Hunter

Measurement Specialists

Pat Ferschke

Linda Henley

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Education Director (Amber Hudson)
Pacific Vascular Services (Medical Director and Technician)

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Vision Statement

Provide evidence based, coordinated care, for stroke and TIA patients and families to ensure optimal outcomes in collaboration with established regional partners.

ED Documents Completed

- TIA and Stroke Algorithms
- Code Stroke Protocol/Audit tool
- Acute Stroke Evaluation Orders
- Thrombolytic Checklist
- Patient Consent
- IV tPA (Alteplase/Activase) protocol
- Dosing Guide for tPA (Alteplase/Activase) and other drugs.
- Code Stroke Response Audit tool
- EMS Stroke Transfer Report
- Quick Stroke Survey
- RN Stroke Algorithm

EMS a key to identification and notification

History of EJFR Medic One Program

- Program Manager/ Chief Gordon Pomeroy
- Number of Medic rig's and Staffing
- Working relationship with JGH, STEMI program and Stroke Awareness program
- Response time impact with the islands and Radio/Cell communication barriers
- Population, large increase of retirees, large number of population without insurance, increase population with summer
- Weather factors, coastal effects
- Travel distant to hospital's with floating bridge issues

Big Wins

- Much faster response to stroke symptoms.
- All departments working as a more cohesive team.
- This process will have a ripple effect for other diagnosis.
- Much better treatment for TIA patients.
- Faster response benefits patients and lowers all costs.
- Throughput in ER door to decision point much better.
- Relationship with Swedish will improve our access to specialists (pending agreement)
- Radiology is happy with assistance from everywhere!

2+ years later….

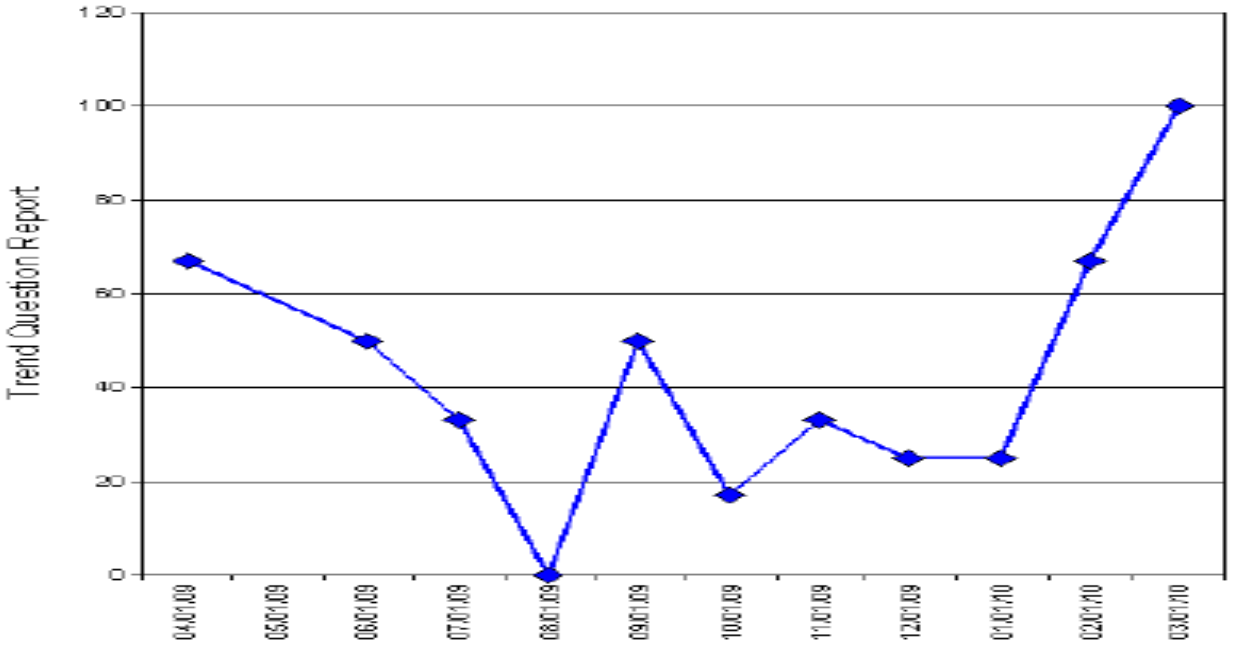
Case Study:
EMS to Jefferson

Stroke orders used when SX onset < 12 hours (2Q2009-1Q2010)

Reporting Period : 04/01/2009 to 03/31/2010

Analysis Data Period Type : Admit Date
Period of Interest : User Defined
Review Category : All
Review Question : stroke orders used when symptom onset <12 hours

Time Trend : Month
Review Name : ED Stroke new



Door to CT < 25 min for SX < 12 hours (2Q2009-1Q2010)

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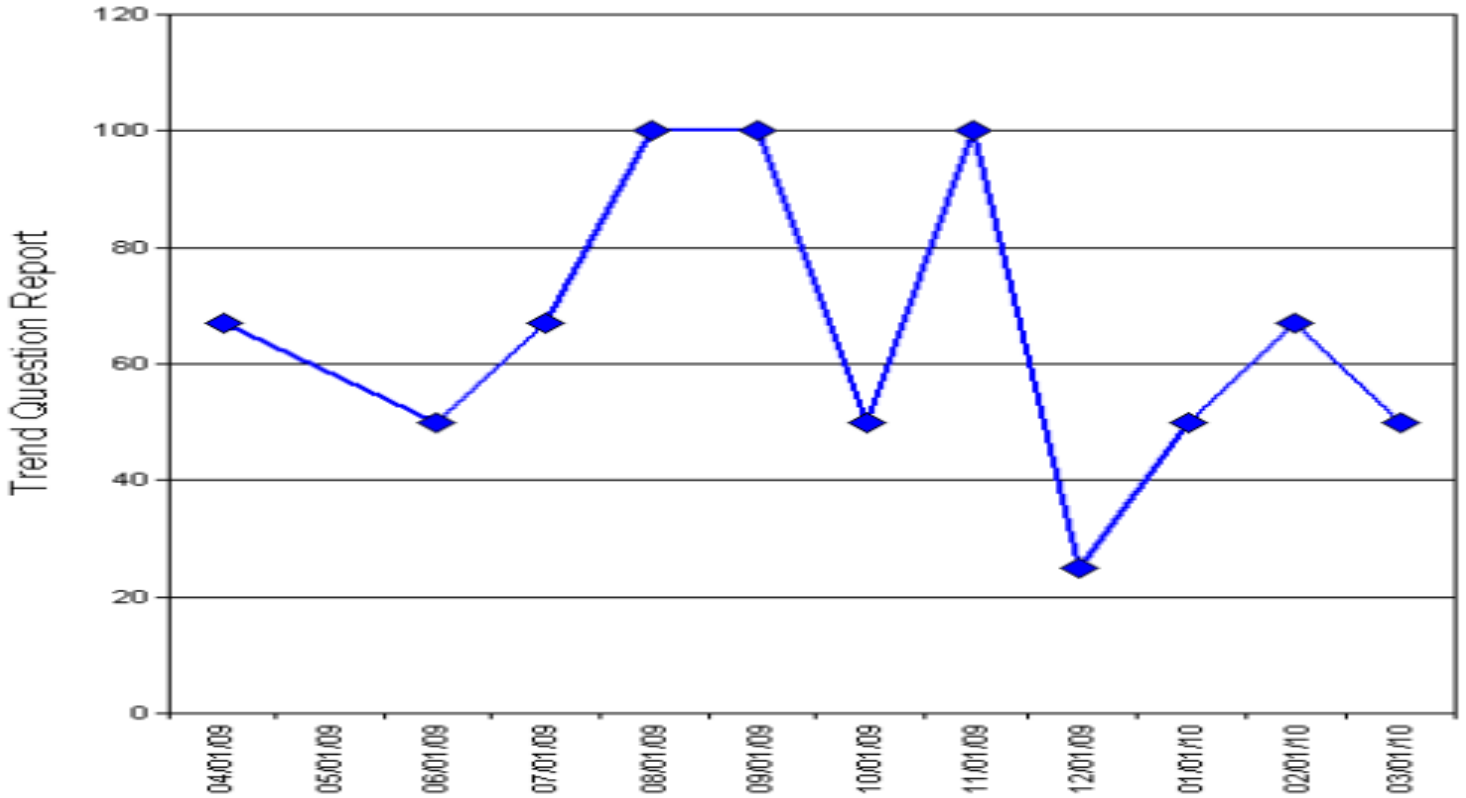

Selected metrics

- 2 out of 38 patients had thrombolytics administered
- 38/38 had decision time documented
- 36/36 had exclusion criteria documented
- 10 Telestroke patients since inception of the program

PARTNERS TELESTROKE CENTER

MASSACHUSETTS GENERAL HOSPITAL | BRIGHAM AND WOMEN'S HOSPITAL

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- TeleStroke Alliance
- Links and Media
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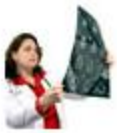
ABOUT TELESTROKE

Through telemedicine, stroke specialists from Brigham and Women's Hospital and Massachusetts General Hospital can examine patients at your hospital to help diagnose the patient's ailment and recommend a plan of care. [About TeleStroke]

OUR SERVICES



By joining the Partners TeleStroke network, your hospital will receive 24-hour acute stroke expertise-on-demand, as well as the added expertise of a world renowned stroke center. [Our Services]

IN THE NEWS

York Hospital works to raise awareness of strokes

York Hospital recently entered into an agreement with Massachusetts General Hospital for care of stroke victims... [In the News]

GRAND ROUNDS / CME

Latest Conference:
Inpatient Stroke: Learning from our mistakes
Lee Schwamm, M.D.
May 26, 2010 @ 3:30 PM

[Grand Rounds]

HARVARD MEDICAL SCHOOL

PARTNERS HEALTHCARE

Partners TeleStroke Center | 15 Parkman Street, WACC 729J, Boston, MA 02114 | V:617-724-3999 F:617-228-4628 | telestroke@partners.org

Continuous Improvement

We continue to learn and grow…

- Stroke and STEMI protocols have been replicated for the inpatient units
- We have begun an intensive Drills process to assure adherence to protocols
- Quarterly joint meetings with EMS Medical Director, ED Medical Director, Hospitalist Medical Director have begun
- We will hold another short workshop to update and improve the current Stroke and STEMI protocols in the ED

Questions

Jefferson Healthcare
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Lincoln Hospital
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